

MERCER GASTROENTEROLOGY  
Capital Health Medical Center at Hopewell  
Two Capital Way, Suite 487  
Pennington, NJ 08534-2520  
Phone: 609-818-1900 FAX: 609-818-1908  
Dr. Armen Simonian, Dr. Jyoti K. Bhatia, Dr. Ravinder Dhillon  
Marion-Anna Protano, MD Douglas H. Weinstein, MD

QUESTIONNAIRE TO ARRANGE FOR ENDOSCOPIC EXAM IN PATIENTS WHO  
PREVIOUSLY HAD ENDOSCOPY/COLONOSCOPY

Kindly fill out the form and mail it back to the above stated address or FAX to the above FAX number. If you have not heard from us within two weeks of mailing the form, please call us back at 609-818-1900.

TODAY'S DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ETHNICITY:      \_\_Latino      \_\_Non-Latino    \_\_Patient Refuses to answer

RACE:            \_\_Asian        \_\_Black        \_\_Hispanic    \_\_White

LANGUAGE SPOKEN:   \_\_English    \_\_Spanish    \_\_Other        \_\_Sign

CURRENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

INSURANCE AND MEMBER ID#: \_\_\_\_\_

Please include copy of Insurance Card(s) Front and Back

REFERRAL REQUIRED            YES:  NO:

**Email:** \_\_\_\_\_

